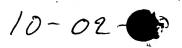


Please type a plus sign (+) inside this box →



PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

	Attorney Docket No.	970113R/HG							
Address to:	First Named Inventor	Tomio KIMURA							
Address to: Assistant Commissioner for Patents	Original Patent Number	5,908,858							
Box Patent Application Washington, DC 20231	Original Patent Issue Date (Month/Day/Year)	June 1, 1999							
3	Express Mail Label No.	EL 688 709 907 US							
APPLICATION FOR REISSUE OF: (check applicable box) Utility P	Patent Design Patent Plant Patent								
APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS								
Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. Foreign Priority Claim (35 U.S.C. 119) (if applicable)								
2. X Specification and Claims (amended, if appropriate) 8. Information Disclosure Statement (IDS)/PTO-1449 Citati									
3. Drawing(s) (proposed amendments, if appropriate) 9. English Translation of Reissue Oath/Declarate (if applicable)									
4. Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	* Small Entity Statement filed in prior application Statement(s) Status still proper and desired								
5. Original U.S. Patent Offer to Surrender Original Patent (37 C.F.R. § 1.178)	ent rrender Original Patent (37 C.F.R. § 1.178) 11. Preliminary Amendment								
(PTO/SB/53 or PTO/SB/54) or	(PTO/SB/53 or PTO/SB/54) 12 Return Receipt Postcard (MPEP 503)								
	Ribboned Original Patent Grant (Should be specifically itemized)								
Affidavit / Declaration of Loss (PTO/SB/55) 6. Original U.S. Patent currently assigned?									
X Yes No									
(If Yes, check applicable box(es))									
Written Consent of all Assignees (PTO/SB/53 or 54) X 37 C.F.R. § 3.73(b) Statement Power of Attorney Power of Attorney **NOTE FOR ITEM\$ 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.26).									
14. CORRESPONDEN	CE ADDRESS								
Customer Number of RaxCode kates 001933 or Correspondence address below (Insert Customer No. or Attach bar code label here)									
Name FRISHAUF, HOLTZ, GOODMAN	N, LANGER & CHI	CK, P.C.							
Address 767 Third Avenue - 25th	767 Third Avenue - 25th Floor								
	ress CO (ZAAZA W SA (ZAAZA W								
THE WAY TO THE TANK T	NEW YORK								
Country U.S.A. Telephone	(212) 319-4900	Fax (212)319-5101							
NAME (PrintType) Herbert Goodman	Registration No. (Attorney/Ag								
Signature M.	W. I	Date Sept. 29, 2000							

EXPRESS MAIL MAILING LABEL NO. EL 688 709 907 US DATE OF DEPOSIT SEPTEMBER 29, 2000

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Box REISSUE, Washington, D.C. 20231.

COSTBELS COEFOI



PTO/SB/56 (12-97)
Approved for use through 9/30/00. OMB 0651-0033
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DEICCIE	APPLICATION	FFF TR	ANSMITTAL	FORM
PEISSIP	APPLICATION	I FEL HV		—

Docket Number (Optional)

REISSUE APPLICATION FEE TRANSMITTAL FORM			970113R/HG										
Claims as Filed - Part 1													
Claims in					r Filed in		(3)	Small	Entity	C	ther than	a Sm	all Entity
Patent	1	For			Application		ber Extra	Rate	Fee	$oxed{oxed}$	Rate	Fe	e
A) 43		Claims R 1.16(j))	(B)	41		****	. 0 =	x \$=		or	x \$=		_
C) 1	Inde	ependent 7 CFR 1.16(i))	(0) 1		<u> </u>	0 =	x \$=		į .	x \$=		-
Basic Fee (37 CFR 1.16(h)							R 1.16(h))	\$			\$_	690.00	
Total Filing Fee								\$		OR	\$	690.00	
				Claim	s as Amer	nded -				_			
	0	(1)			(2) Highest Nu	mber	(3) Extra	Small E	ntity	Other than		n a Small Entity	
	Afte	ms Remaini er Amendme	ent		Previous Paid Fo	sly	Claims Present	Rate	Fee		Rate		Fee
Total Claims	<u>, </u>	*	-	MINUS	**	<u>" </u>	* =	x \$ _ =			x \$=		
37 CFR 1.16(j ndependent Claims (37 CFR 1		r#		MINUS	****		=	x \$=		or	x \$=		
Janua (Gr. Gr. Tr.					7	otal A	Additiona	l Fee	\$		OR	\$	
**** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).													
Please charge Deposit Account No in the amount of A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which													
may b	oe requir	ioner is he ed, or crea ppy of this	dit a	any ove	erpayment	harge to De	e any add eposit Acc	itional fee count No.	06-	er 3 13	78	 10 OI	· (. 17 WHICH
A check in the amount of \$ 690.00 to cover the filing / additional fee is enclosed.													
Septe Date		29, 20	0 0	0		(\$ig	nature of	Applican	it, Attor	<u>√</u>	M Mo	of R	Record
HERBERT GOODMAN, Reg. No. 17,081													
Typed or printed name													